

APPLICATION FOR LICENSE

LIMITED TANK INSTALLER



Department of Professional and Financial Regulation
Office of Licensing and Registration

OIL AND SOLID FUEL BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8672
Hearing Impaired: 1-888-577-6690
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Limited Tank Installer

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

LIMITED TANK INSTALLER LICENSE:

- License application and payment for \$90.00 (Make Checks Payable to: Treasurer State of Maine)
 - \$50.00 License Fee
 - \$25.00 Application Fee
 - \$15.00 Criminal Background Check Fee

Incomplete applications will be returned.

CRIMINAL BACKGROUND CHECK - Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

Date

LIMITED TANK INSTALLER APPLICATION
 STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL & FINANCIAL REG
 OFFICE OF LICENSING AND REGISTRATION
OIL AND SOLID FUEL BOARD
 35 STATE HOUSE STATION, AUGUSTA, ME 04333
 TEL: (207)624-8672 FAX: (207)624-8637
 HEARING IMPAIRED: 1-888-577-6690
www.maineprofessionalreg.org

Office Use Only
Lic. #: _____
Date Issued: _____
Date Expires: _____
Cash #: _____ 4320

License Fee: \$50.00 (1423)
Application Fee: \$25.00 (1446)
Criminal Background Check Fee: \$15.00 (2619)
TOTAL DUE: \$90.00

PAYMENT OPTIONS: <input type="checkbox"/> Check or Money Order Payable to "Treasurer State of Maine". <input type="checkbox"/> Credit Card: MasterCard or VISA Only. Complete the following: I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exp. Date ____/____/____ in the amount of \$_____. Signature: _____			
NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.		SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.	
Name of applicant: _____			
Contact address: _____			
City: _____	State: _____	Zip Code: _____	County: _____
Date of Birth: ____/____/____		Home Telephone: (____)____-____	
Social Security Number: ____/____/____		Work Telephone: (____)____-____	
This space to be completed by licensed mechanic Mechanics License# _____ Expiration Date _____ Date of Limited Tank Installer Training _____		This space to be completed by licensed manufactured housing dealer Name of Dealer _____ Dealer License Number _____ _____ Signature of Licensed Dealer	
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction(s).			
Any other names used: _____			

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Signature _____
 Date _____